N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each birth, stated. This certificate must be filed by the attending Physician or Midwilfe with the Local regists of days after birth.

The state of

PLAGE OF BIRTH ARI					of Health,
County of Va	Bt	JREAU OF	VITAL STAT	ristics	
District of		CERTIFICA	ATE OF BIR	RTH.	Ter. Index No.
Town of Q. A. A.				Regi	ster No 120
or Allandia	(No.			St	
rd 0	6		3 ,07	<b>p</b>	
FULL NAME OF CHILD	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	uni	Sources	men.	Born Yes
If child is not named, make Supplemental report on blank obtainable from local registrar.					
Sex of Low ale Twin, Triplet Child Low ale Triplet or other	d Number of birth	Legiti mate?	Date of Birth	tonth)	(Day) 1909 (Year)
Fall FATHER THERE THE THE THE THE THE THE THE THE THE TH	2 Souther	Full Haiden	HTOM	ER LL	amy
Residence	XX	Residence	_ ()	1	/
15 8 como			anse		
or Race What Birthday	Years)	Color or Race	Mite	Age at las Birthday	(Years)
Birthplace York City		Birthplace /	tell f	-~ /r	ansas
Occupation Commentation	Occupation & auseunge				
Number of child of this mother. Number of children, of this mother, now living Were precautions taken against Ophthalms a neonatorus.					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of above child; and that it occurred on 1909, at 700 M					
*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.	(Signatur	" <i>(p</i>	Attending physicia	A midwile.	horscholder.*)
Given or christian name added from a	10 00	11~		Q-1-C	$\mathcal{O}_{\mathcal{S}}$
supplemental report19	Filed NO	<u>() 1909</u>	Address	2104	WD
628-1203-138	Filed Jaw	19   0	18,9	. 410	LOCAL REGISTRAR.